

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Katsushi MINAMINO
 Serial No. 10/783,214
 Confirmation No. 6684
 Filed: February 20, 2004
 For: Image Processing System and Image Scanning Device

Art Unit: 2625
 Examiner: Riley, Marcus T.

I hereby certify that this correspondence is being transmitted via electronic filing to:

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

March 24, 2008

Date of Deposit

Juanita Soberanis

Name

Juanita Soberanis 3/24/2008

Signature

Date

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

Amendment and Request for Reconsideration under 37 CFR 1.116.
 No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | | ADD'L FEE DUE |
|--------------------------------------------------------------------------|-------------------------------------------------|---|---------------------------------------------------|-------------------------------|------------------------|------------------------------------------------------|------------------|
| TOTAL CLAIMS FEE | 20 | - | 20 | ** | 0 | LG=\$50 SM=\$25 | \$50 |
| INDEPENDENT CLAIMS FEE | 9 | - | 12 | *** | 0 | LG=\$210 SM=\$105 | \$210 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | | LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185 | \$ 0 |
| ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) | | | | | | \$260 FOR EACH ADDITIONAL 50 SHEETS | \$ 0 |
| Independent Claims: 1, 2, 9, 10, 11, 12, 13, 16 and 20 | | | | | | TOTAL | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Please charge the amount of \$-0- to cover the additional claims fee to Deposit Account No. 50-1314.
 Please charge the amount of \$-0- to cover the extension fee to Deposit Account No. 50-1314.
 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By: 

Troy M. Schmelzer
 Registration No. 36,667
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Date: March 24, 2008

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